

	THE COMMONWEALTH OF MASSACHUSETTS DEPARTMENT WORKFORCE DEVELOPMENT DIVISION OF APPRENTICE TRAINING 19 Staniford Street 1 st Floor Boston, MA 02114	FOR OFFICE USE ONLY
		Compliance Officer Number:
		Sponsor Number:
		DATE:

PRE-APPRENTICE AGREEMENT

Pursuant to the Standards of Pre-Apprenticeship adopted by the Sponsor and registered with the Massachusetts Division of Apprentice Training, the provisions of which are hereby made part of this Agreement, and in compliance with the Massachusetts Plan for Equal Employment in Pre-Apprenticeship Training, WITNESSETH: that the Agreement is entered into by the undersigned:

_____ / _____ <small>(Name of Pre-Apprentice) (Address of Pre-Apprentice)</small>	
SS# _____ - _____ <small>(Date of Birth)</small>	(Phone) _____
Program Sponsor _____ <small>(Employer, JAC, JATC, Assn. of Employers or Org. of Employers)</small>	
Cooperating Educational Facility _____	

TRADE: _____ TERM OF PRE-APPRENTICESHIP: _____ HRS . <small>(approximately 1000 hrs per school year)</small>
DATE PRE-APPRENTICESHIP BEGINS: _____ PROJECTED COMPLETION DATE: _____

GRADUATED SCALE OF WAGES IN (PERCENTAGES TO BE PAID THE APPRENTICE. (PERCENTAGES ARE BASED ON JOURNEY PERSON WAGES)			
<small>[On projects where there is a prevailing rate set by law, the rate of pay shall be at the first step of the prevailing rate stated on the wage schedules issued by the Department of Labor and Workforce Development. When determining ratio, pre-apprentices and apprentices are counted equally and jointly]</small>			
STEP -1	STEP - 2		
Minimum Journey person rate as of (date) _____ is \$ _____ per hour			
The parties hereto agree that the terms stated on the reverse side of this form are part of this agreement			

(Signature of Pre-Apprentice) / (PLEASE SIGN IN BLUE INK)

(Signature of Program Sponsor) (PLEASE SIGN IN BLUE INK)

(Signature of Parent or Guardian)/ (PLEASE SIGN IN BLUE INK)

(Address of Program Sponsor)

(Signature of Union JAC, JATC)/ (PLEASE SIGN IN BLUE INK)

Approved by the Cooperating Educational Facility: _____ Date: _____
(PLEASE SIGN IN BLUE INK)

Approved by the Division of Apprentice Training: _____ Date: _____

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Completion of part or all of this last section of the Apprenticeship Agreement is voluntary. The information will remain confidential and will be used for aggregate statistical data only.

TO BE COMPLETED BY PRE-APPRENTICE (Please check, circle or fill in items as appropriate)			
<u>SEX</u> 1. <input checked="" type="checkbox"/> Male 2. <input checked="" type="checkbox"/> Female	<u>ETHNIC GROUP</u> 1. <input checked="" type="checkbox"/> White 2. <input checked="" type="checkbox"/> Black 3. <input checked="" type="checkbox"/> American Ind. or Alaskan Native 4. <input checked="" type="checkbox"/> Asian or Pacific Islander 5. <input checked="" type="checkbox"/> Hispanic 6. <input checked="" type="checkbox"/> Other	<u>VETERAN</u> 1. <input checked="" type="checkbox"/> Vietnam Era Veteran 2. <input checked="" type="checkbox"/> Other Veteran 3. <input checked="" type="checkbox"/> Non Veteran	<u>DISABLED</u> <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO

The Program Sponsor, the Pre-Apprentice, and her or his Parent (or Guardian) by affixing their signatures in conformity with the terms and conditions provided herein, hereby agree to the following:

The Program Sponsor agrees to use its best efforts to employ and train the Pre-Apprentice in accordance with its officially adopted and duly registered Standards of Pre-Apprenticeship, such Standards to include a schedule of work process and provision for approximately 150 hours of related classroom instruction per year.

The Program Sponsor agrees to abide by all applicable provisions of the Massachusetts Plan for Equal Employment in Pre-Apprenticeship Training.

The Pre-Apprentice agrees to be diligent and faithful in learning the stated trade or craft including attendance of related instruction classes.

The parent or guardian (if the Pre-Apprentice is a minor) agrees that the Apprentice will comply with all obligations contained herein.

The first 60 days of employment shall be a probationary period during which time this Agreement may be canceled by either party with notification to the other and to the Massachusetts Division of Apprentice Training.

This agreement must be approved by and filed with the Division of Apprentice Training.

The Director of Apprentice Training may cancel the agreement subject to hearing upon application by any party.

The parties recognize that prevailing wage rates for public works projects are set by the Department of Labor and Workforce Development, Division of occupational safety and that the wages listed in these program standards do not supersede or replace the wage rates determined by the Division of Occupational Safety.